



Form. No. RPPL-F-147A
 AMDT No. 2.0
 Page No. 1 of 9
 Issue Date: 01/02/2018

**APPLICATION AND REPORT FORM FOR:
 TRAINING, SKILL TEST & PROFICIENCY CHECK FOR
 TYPE & CLASS RATINGS, & PROFICIENCY CHECK FOR IRs
 (SINGLE-PILOT AEROPLANES EXCEPT FOR
 HIGH-PERFORMANCE COMPLEX AEROPLANES)
 (PART-FCL Appendix 9 – PBN Compliant in accordance with EU Reg. 2016/539)**

NOTE: It is an offence for a person to make, procure to be made, or assist in making any false representations for the purpose of procuring for any reason the issue, validation, extension or re-issue of a licence or the issue, renewal or revalidation of a rating, authorisation or certificate, whether for that person or any other person.

Please complete this form in BLOCK CAPITALS having read the guidance notes attached to this form.

1. APPLICANT DETAILS

Surname: First Name(s):

Type of Licence held: Licence No.: Date of Birth (dd/mm/yyyy):

Permanent address (to be entered on the licence):
 Postcode:

Contact Tel. No.: E-mail address:

Address for correspondence (if different from above):
 Postcode:

Declaration: I understand that I am taking a Skill Test / Proficiency Check for the purpose(s) selected in section 2 below.

Applicant Signature: Date:

2. PURPOSE OF THE SKILL TEST / PROFICIENCY CHECK

Skill Test:		Proficiency Check:		IR:
Class rating issue	<input type="checkbox"/>	Conversion of a Class/Type rating from a third country licence	<input type="checkbox"/>	Revalidation <input type="checkbox"/>
Type rating issue	<input type="checkbox"/>	Removal of third country restriction from a type rating	<input type="checkbox"/>	Renewal <input type="checkbox"/>
Extend existing type rating privileges to SP*/ MP* Ops (* delete as applicable)	<input type="checkbox"/>	Validation of a third country licence	<input type="checkbox"/>	Expiry date of previous rating:/...../..... Expiry date of previous rating:/...../..... ..

Aeroplane Class / Type: Test condition: Single pilot Ops Multi-pilot Ops

3. APPLICATION & DECLARATION

Note: Applications for Validation of a 3rd country licence must be made using the application form available at www.iaa.ie

I hereby apply for the: (Tick✓)

Issue / Revalidation / Renewal / Removal of 3rd country restriction / Conversion of a 3rd country type rating

of the class / type rating / IR indicated below. I declare that the information provided on this form is true to the best of my knowledge and belief.

Aeroplane Class / Type / IR:

Signature of Applicant: Date:

For IAA Use Only:

Application Review :	Issue <input type="checkbox"/>	Do not Issue <input type="checkbox"/>
Rating Issued:		Expiry Date:
Restrictions:		
Approved by IAA Authorised Officer (Name):		
Signature:		Date:



Form. No. RPPL-F-147A
 AMDT No. 2.0
 Page No. 2 of 9
 Issue Date: 01/02/2018

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Name of Applicant:	Date of Birth (dd/mm/yyyy)
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4. COURSE COMPLETION CERTIFICATE (for Issue of a Class / Type rating or renewal of a Class / Type / IR)

(Tick ✓ as applicable) (* delete as applicable)

I certify that (Name) has met all pre-requisites for training established in Part-MED and Part-FCL, and has:

- completed a course of training for the initial issue of a Class* / Type* rating in accordance with Part-FCL, or
- completed a course of refresher training for the renewal of a class* / type rating* / IR*, or
- been assessed, and a determination made, that no refresher training is required for the renewal of the class* / type rating* / IR*

Date Course Commenced: Date Course Completed:

Theoretical Knowledge Training:	From (Date): To (Date): Location:
	Hours completed: Date of Exam: Examination result (%):

FSTD Training:	From (Date): To (Date): Location:
	Class / Type Rating Training completed (Hours):
	IR Training completed (Hours):
	FSTDs used (ID No.(s)):

Flight Training (in Aeroplane):	Class / Type rating Training completed (Hours):
	ME Asymmetric Training (Hours):
	IR Training completed (Hours):
	Aircraft Type(s): Registration(s):
	No. of Take-offs / Landings: Training Aerodrome(s) used:

Recommendation for Skill Test only:	Recommended by (Name): Lic. No.
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ATO Details:	Name of Head of Training or Authorised Signatory: Position:
	Signature of Head of Training or Authorised Signatory: Date:
	ATO Name: ATO No.
	Competent Authority of ATO:



Form. No. RPPL-F-147A
AMDT No. 2.0
Page No. 3 of 9
Issue Date: 01/02/2018

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5. EXAMINER DECLARATION (see FCL.1030)

I confirm that:

1. communication with the applicant can be established without language barriers;
2. I have received information from the applicant regarding his or her experience and instruction, and have found that the experience and instruction complies with the applicable requirements in Part-FCL;
3. the applicant complies with all the qualification, training and experience requirements of Part-FCL for the issue, validation, revalidation or renewal of the licence and/or type rating and/or IR for which this skill test or proficiency check is taken;
4. I have made the applicant aware of the consequences of providing incomplete, inaccurate or false information related to their training and flight experience.
5. I have reviewed and applied the national procedures and requirements of the applicant's competent authority (only applicable where the competent authority responsible for the applicant's licence is not the same that issued the examiner's certificate);
6. I have made the applicant aware of his or her right of appeal to the result of the skill test / proficiency check.

Attempt 1: Examiner Signature:	Date:
Attempt 2: Examiner Signature:	Date:

6. SKILL TEST / PROFICIENCY CHECK DETAILS – FIRST ATTEMPT ONLY

I hereby certify the conduct of a: **SKILL TEST** **PROFICIENCY CHECK**

A/C or FSTD Class/Type (incl. variant):	A/C Registration or FSTD ID No.:		
Date:	Off Blocks/Start:	On Blocks/Finish:	Total Time:

RESULT: **PASS** **PARTIAL PASS** **FAIL**

(Note: if the test is stopped because the Examiner considers that the applicant's demonstration of flying skill requires a complete re-test, the result must be recorded as a Fail)

New Class/Type rating validity date:	New IR validity date	Class/Type/IR rating invalid until successful completion of further Test or Check <input type="checkbox"/>
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For Revalidation of Multi-engine Class or Type Rating ONLY: (Tick✓ as applicable)

The candidate has completed at least 10 route sectors as pilot of the relevant class/type during the period of validity of the rating

The candidate has completed 1 route sector, flown during this proficiency check

The candidate has completed a combined LPC/OPC i.a.w. FCL.740.A(a)(3)

Examiner Name:	Examiner Certificate No.:	Expiry Date:
Examiner Signature:		

I acknowledge the result of the skill test / proficiency check detailed above

Applicant Signature:

EXAMINER REPORT (complete for Partial Pass or Fail only)

Minimum further training requirement prior to re-test (if applicable): Flight: Hrs. Ground: Hrs.



Form. No. RPPL-F-147A
 AMDT No. 2.0
 Page No. 4 of 9
 Issue Date: 01/02/2018

**APPLICATION AND REPORT FORM FOR:
 TRAINING, SKILL TEST & PROFICIENCY CHECK FOR
 TYPE & CLASS RATINGS, & PROFICIENCY CHECK FOR IRs
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7. SKILL TEST / PROFICIENCY CHECK DETAILS – SECOND ATTEMPT ONLY

I hereby certify the conduct of a: **SKILL TEST** **PROFICIENCY CHECK**

A/C or FSTD Class/Type (incl. variant):	A/C Registration or FSTD ID No.:
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Date:	Off Blocks/Start:	On Blocks/Finish:	Total Time:
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RESULT: **PASS** **FAIL**

(Note: if the test is stopped because the Examiner considers that the applicant's demonstration of flying skill requires a complete re-test, the result must be recorded as a Fail)

New Class/Type rating validity date:	New IR validity date	Class/Type/IR rating invalid until successful completion of further Test or Check <input type="checkbox"/>
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For Revalidation of Multi-engine Class or Type Rating ONLY: (Tick✓ as applicable)

- The candidate has completed at least 10 route sectors as pilot of the relevant class/type during the period of validity of the rating
- The candidate has completed 1 route sector, flown during this proficiency check
- The candidate has completed a combined LPC/OPC i.a.w. FCL.740.A(a)(3)

Examiner Name:	Examiner Certificate No.:	Expiry Date:
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Examiner Signature:

I acknowledge the result of the skill test / proficiency check detailed above

Applicant Signature:

EXAMINER REPORT (complete for Partial Pass or Fail only)

Minimum further training requirement prior to re-test (if applicable): Flight: Hrs. Ground: Hrs.

8. CONTENT OF THE TRAINING, SKILL TEST / PROFICIENCY CHECK

- (a) The following symbols mean:
 P = Trained as PIC or Co-pilot and as PF and PNF.
 X = Flight simulators shall be used for this exercise, if available; otherwise an aeroplane shall be used if appropriate for the manoeuvre or procedure.
 P# = The training shall be complemented by supervised aeroplane inspection.
- (b) The practical training shall be conducted at least at the training equipment level shown as (P), or may be conducted on any higher level of equipment shown by the arrow (→).
 The following abbreviations are used to indicate the training equipment used:
 A = Aeroplane
 FFS = Full Flight Simulator
 FTD = Flight Training Device (including FNPT II for ME class rating)
- (c) The starred (*) items of section 3B and, for multi-engine, section 6, shall be flown solely by reference to instruments if revalidation/renewal of an IR is included in the skill test or proficiency check. If the starred (*) items are not flown solely by reference to instruments during the skill test or proficiency check, and when there is no crediting of IR privileges, the class or type rating will be restricted to VFR only.
- (d) Section 3A shall be completed to revalidate a type or multi-engine class rating, VFR only, where the required experience of 10 route sectors within the previous 12 months has not been completed. Section 3A is not required if section 3B is completed.
- (e) Where the letter 'M' appears in the skill test or proficiency check column this will indicate the mandatory exercise or a choice where more than one exercise appears.



Form. No. RPPL-F-147A
 AMDT No. 2.0
 Page No. 7 of 9
 Issue Date: 01/02/2018

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Name of Applicant:	Date of Birth (dd/mm/yyyy)
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SINGLE-PILOT AEROPLANES, EXCEPT FOR HIGH-PERFORMANCE COMPLEX AEROPLANES	PRACTICAL TRAINING				CLASS / TYPE-RATING SKILL TEST OR PROFICIENCY CHECK				
	Manoeuvres/Procedures	FTD	FFS	A	Instructor initials & date training completed	Checked in: FFS A	Attempt 1 2		Examiner initials & date completed
SECTION 4 – ARRIVAL AND LANDINGS									
4.1	Aerodrome arrival procedure		P→	→		M			
4.2	Normal landing		P→	→		M			
4.3	Flapless landing		P→	→		M			
4.4	Crosswind landing (if suitable conditions)		P→	→					
4.5	Approach and landing with idle power from up to 2000' above the runway (SE aeroplane only)		P	→					
4.6	Go-around from minimum height		P→	→		M			
4.7	Night go-around and landing (if applicable)	P→	→	→					
4.8	ATC liaison – Compliance, R/T procedure								

SECTION 5 – ABNORMAL AND EMERGENCY PROCEDURES									
This section may be combined with sections 1 through 4									
5.1	Rejected take-off at a reasonable speed		P→	→		M			
5.2	Simulated engine failure after take-off (SE aeroplanes only)			P		M			
5.3	Simulated forced landing without power (SE aeroplanes only)			P		M			
5.4	Simulated emergencies: (i) fire or smoke in flight, (ii) systems' malfunctions as appropriate	P→	→	→					
5.5	Engine shutdown and restart (ME skill test only) (at a safe altitude if performed in the aircraft)	P→	→	→					
5.6	ATC liaison – Compliance, R/T procedure								

SECTION 6 – SIMULATED ASYMMETRIC FLIGHT									
This section may be combined with sections 1 through 5									
6.1*	Simulated engine failure during take-off (at a safe altitude unless carried out in FFS or FNPT II)	P→	→	→X		M			
6.2*	Asymmetric approach and go-around	P→	→	→		M			
6.3*	Asymmetric approach and full stop landing	P→	→	→		M			
6.4	ATC liaison – Compliance, R/T procedure								

SECTION 7 – ORAL THEORETICAL KNOWLEDGE FOR SE (NON-HPA) SKILL TEST									
7.1	Oral questions					M			



Form. No. RPPL-F-147A
AMDT No. 2.0
Page No. 8 of 9
Issue Date: 01/02/2018

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9. SUBMISSION INSTRUCTIONS

Send the completed application form to: Personnel Licensing Office, Irish Aviation Authority, The Times Building, 11-12 D'Olier Street, Dublin 2, Ireland.

Please enclose the following:

- Complete copy of the Examiner's valid Part-FCL Pilot licence and Part-FCL Examiner Certificate
- Copy of the Notification of Test confirmation email with the declaration signed by the Examiner.

If Applicable

- ATO Course completion certificate (if Section 4 is not completed) **(Issue or renewal only)**.
- Complete copy of the ATO Approval Certificate, including attachments/appendices **(Issue or renewal only)**.
- Copy of the EU-FSTD Qualification Certificate(s) for each device used for training and/or skill test/proficiency check
- Completed payment form (if paying by credit / debit card), or cheque / postal order **(Issue, conversion of 3rd country rating, extension of class/type rating privileges or removal of 3rd country restriction only)**.
- copy of the applicant's signed rating page **(revalidation only)**
- Copy of ICAO flight crew licence with Type rating endorsement (Temporary licences/certificates are NOT accepted) **(Conversion of 3rd country type rating only)**
- Logbook evidence of 500 hours on type **(Removal of 3rd country restriction only)**.

10. GUIDANCE NOTES

Section 1: Applicant Details – to be completed by the applicant

Section 2: Purpose of the Skill Test / Proficiency Check – to be completed by the applicant. **Note:** if a test/check for both SP and MP privileges is to be completed, a separate form must be completed for each test/check.

A skill test may also serve as a revalidation or renewal Proficiency Check for the applicant's IR.

Section 3: Application & Declaration . to be completed by the applicant.

Section 4: Course Completion Certificate – to be completed, as applicable, by the ATO Head of Training or authorised signatory for initial issue or renewal of a class or type rating. An ATO Course Completion Certificate will be accepted in lieu of this section provided it contains the same information.

Section 5: Examiner Declaration – to be completed by the Examiner(s) that conduct the Test/Check, and re-test if applicable.

Section 6: Skill Test / Proficiency Check Details (1st Attempt only) – to be completed by the Examiner that conducts the 1st attempt only. If the result of the test/check is a Partial Pass or Fail, the Examiner report must be completed – the report can be continued on a separate sheet of paper if necessary.

Section 7: Skill Test / Proficiency Check Details (2nd Attempt only) – to be completed by the Examiner that conducts the 2nd attempt (re-test following Partial Pass) only. If the result of the re-test is a Fail, the Examiner report must be completed – the report can be continued on a separate sheet of paper if necessary.

Section 8: Content of the Training, Skill Test / Proficiency Check Items – to be completed by the Instructor(s) and Examiner(s), as applicable.

The Examiner(s) should annotate **PASS** or **FAIL** against each item tested in the 'Attempt 1' box as applicable'. If an item is passed, complete the 'Examiner Initials and date completed' box. If an item is failed, do not initial or date the box. On a re-test annotate **PASS** or **FAIL** in 'Attempt 2 box' and sign and date in the 'Examiners Initials and date completed' box. A different Examiner may conduct Attempt 2. All items in Attempt 1 must be completed before starting Attempt 2.

When the revalidation of an IR is not combined with the revalidation of a Class or Type rating, section 3b and those parts of section 1 relevant to the intended flight shall be completed.

Full details on the conduct of the Test / Check, specific requirements for the Test/Check, pass marks, test tolerances and content of the Training, Skill Test/Proficiency Check are set out in Appendix 9 of the Aircrew Regulation (Commission Regulation (EU) No. 1178/2011 (as amended)).

To establish or maintain PBN privileges one approach shall be an RNP APCH. Where an RNP APCH is not practicable, it shall be performed in an appropriately equipped FSTD.

Section 9: Submission instructions – **Note:** Failure to submit all required documentation may result in the return of your application.

PAYMENT FORM ON REVERSE



Form. No. RPPL-F-147A
AMDT No. 2.0
Page No. 9 of 9
Issue Date: 01/02/2018

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PAYMENT FORM

Full details of fees charged and levied by the IAA are published in the Irish Aviation Authority (Fees) Order, (SI 523 of 2015) which can be viewed on the IAA website (www.iaa.ie).

I am paying by:- **CREDIT / DEBIT CARD** **CHEQUE** **POSTAL ORDER**

- PLEASE DO NOT SEND CASH -

Please make cheques payable to 'Irish Aviation Authority'.

Please note that we do not accept **AMERICAN EXPRESS** or **DINERS CARD**.

If paying by credit or debit card please complete the information required below (in block capitals). **Note: All card details are destroyed upon completion of the transaction.**

Name of Card holder (as stated on the card) _____

Card Number

Valid from: / Expiry Date /

Security Code (last 3 digits on signature strip on reverse of card)